

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

John I. Shipp

Serial No: 10/708,715

Filed: November 12, 2003

For: SURGICAL LIGATION CLIP

Confirmation No.: 7246

Art Unit: 3731

Examiner: Kathleen C. Sonnett

RECEIVED
CENTRAL FAX CENTER
JUL 21 2009Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated January 22, 2009 in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a three-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

TOTAL HAS BEEN CALCULATED AS SHOWN BELOW:								
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	34	-	34 **	0	LG=\$52 SM=\$28	\$52	\$ 0	
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	LG=\$220 SM=\$110	\$220	\$ 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$185		\$ 0	
TOTAL							\$ 0	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ The total amount of \$1,110.00 to cover the three-month extension fee is to be charged to Deposit Account No. 50-1068.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

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Respectfully submitted,

MARTIN & FERRARO, LLP

Date: July 21, 2009

By: 

Thomas H. Martin

Registration No. 34,383

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Hartsville, Ohio 44632
Telephone: (330) 877-0700
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Transmittal of Amendment LDOC

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TOTAL CLAIMS FEE	34	-	34 **	0	LG=\$52 SM=\$28	\$62 \$ 0
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	LG=\$220 SM=\$110	\$220 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$195	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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